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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: KAC Professional	Services, Inc			
DOCUMENT NUMBE			<u> </u>		
	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
К	AREN A COUSSEY				
_		Name of Contact Person	1		
K	KAC PROFESSIONAL SERVICES, INC				
_		Firm/ Company			
21	0 LAKE POINTE DR, AP	Т 210			
_	1	Address	-		
0.	AKLAND PARK, FL 3330	9			
		City/ State and Zip Code	c		
Karen@	kcaproservices.com				
	•	sed for future annual report	notification)		
For further information of	oncerning this matter, pleas	se call:			
KAREN A COUSSEY		at (254-8824		
Name of Contact Person Area Code & Daytime Telephone			de & Daytime Telephone Number.		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KAC PROFESSIONAL SERVICES, INC.

(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P0000005978	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut ts Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporat	tion:
N/A	The new
	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>) 23
	- Control of the Cont
. Enter new mailing address, if applicable:	30
	NI/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	N/A PAGE 199
	N/A STATE OF
	N/A PART OF THE PA
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office	ice address in Florida, enter the name of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office	ice address in Florida, enter the name of the
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(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office Name of New Registered Agent N/A	ice address in Florida, enter the name of the address:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MICHELLE SADLER-COMERIE	11910 TAFT ST
Add X Remove			PEMBROKE PINES, FL 33026
2) Change	D	MICHELLE SADLER-COMERIE	11910 TAFT ST
Add			PEMBROKE PINES, FL 33026
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ittach <i>additione</i>	adding additional Artical sheets, if necessary).	(Be specific)				
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<u>orovisions for</u>	nt provides for an exch implementing the ame licable, indicate N/A)	ange, reclassifica ndment if not con	tion, or cancellat tained in the ame	ion of issued sha endment itself:	res,	
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The date of each amendmen	DECEMBER 23rd 2016 t(s) adoption:	, if other than the
date this document was signed	DECEMBER 23rd, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	•
	this block does not meet the applicable statutory filing requirements, this dat he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval.)
	re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	re adopted by the board of directors without shareholder action and shareholder	r
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
DEC Dated	EMBER 23rd, 2016	
Signature_/	La Coupy	
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	KAREN A COUSSEY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	